Form 3160-5 (November 1994)

Oil Cons. UNITED STATES N.M. DIV-Dist. 2 DEPARTMENT OF THE IN 1201W. Grand Avenue BUREAU OF LAND MANAGEMANESIA. NM 88210

FORM APPROVED OMB No. 1004-0135 Expires July 31, 1996



SUNDRY N	5. Lease Serial No.							
Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.				NM-36190 6. If Indian, Allottee or Tribe Name				
SUBMIT IN TRIPL	7. If Unit or CA/Agreement, Name and/or No							
1. Type of Well	8. Well Name and No.							
Oil Well Gas Well	EPPERS B FED #2							
2. Name Of Operator	9. API Well No.	9. API Well No.						
MCKAY OIL CORPOR	30-005-63937							
3a. Address		3b. Phone No. (include of	irea code)	10. Field and Pool, or Exploratory Area				
P.O. BOX 2014 ROSWELL, NM 88202-		505-623-4735		WEST PECOS ABO SLOPE				
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)				11. County or Parish, State				
2310' FNL, & 889' FW	CHAVES COUNTY, NM							
12. CHECK APP	PROPRIATE BOX(ES)	TO INDICATE NATU	RE OF NOTIC	E, REPORT, OR	OTHER DATA			
TYPE OF SUBMISSION	TYPE OF ACTION							
5	☐ Acidize	☐ Deepen	☐ Producti	on (Start/Resume)	☐ Water Shut-Of	f		
Notice of Intent	☐ Alter Casing	☐ Fracture Treat	☐ Reclama	tion	☐ Well Integrity			
Subsequent Report	☐ Casing Repair	☐ New Construction	☐ Recompl	lete	☐ Other			
	☐ Change Plans	☐ Plug and Abandon	☐ Tempora	arily Abandon				
Final Abandonment Notice	☐ Convert to Injection	☐ Plug Back	☐ Water D					
13. Described Proposed or Complet thereof. If the proposal is to dee and zones. Attach the Bond un within 30 days following compleshall be filed once testing has been the operator has determined that	pen directionally or recompleteder which the work will be petion of the involved operation on completed. Final Abandon the site is ready for final inspetion.	te horizontally, give subsurfa- erformed or provide the Bo- ns. If the operation results a ment Notices shall be filed operation.)	ace locations and mend No. on file with in a multiple complonly after all require.	easured and true verti BLM/BIA. Required etion or recompletion ments, including recla	cal depths of all pertiner d subsequent reports sha in a new interval, a For unation, have been comp	nt markers all be filed om 3160-4		
Operator wishes to wi	thdraw a Sundry date	ed 9/5/08, submitted	I to Roswell F	ield Office BLN	I for approval.			
Please do not process	s and/or approve.							
Sundry stated the following: pipeline to be connected from	Operator desires to amend Eppers B Federal #2 to exi	d the APD to provide for t isting Eppers Federal #2.	ne following varial Two verification n	nces: Pipeline loca NACCIAPPED F JAN 27	or record	ng 80' of		
14. I hereby certify that the foregoing	ing is true and correct				•			
Name (Printed/Typed)	Gerry Guye, Deput MOCD District MALYS DE	y Field Inspector	,					
CAROL SHANKS Signature	of 1		T. AAIST	TEL POR RE	COKAN LEDIY			
Signature (MV)	Shanks		te ACCEP 21/2009					
THIS SPACE FOR FEDERAL OR STATE OFFICE USE 3 2009								
Approved By			Title		Date			
Conditions of approval, if any, are or certify that the applicant holds leg which would entitle the applicant to	al or equitable title to those, rig	notice does not warrant ghts in the subject lease	Office	151 Angel Me	<u>. 1960</u>			

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or

fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on reverse)

RÖSWEL! FIELD OFFICE

UNITED STATES DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT**

FORM APPROVED OMB No. 1004-0135 Expires July 31, 1996

SUNDRY NOTICES AND REPORTS ON WELLS					5. Leasc Scrial No.		
-	NM-36190						
Do not use this abandoned well	6. If Indian, Allottee or Tribe Name						
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2310' FNL, & 889' FW	CHAVES COUNTY, NM						
12. CHECK API	PROPRIATE BOX(ES)	TO INDICATE NATU	RE OF NOTICE	e, report, or	OTHER DATA		
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	Alter Casing	Fracture Treat	Reclama	tion	☐ Well Integrity		
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14. I hereby certify that the foregot	ing is true and correct	Ti					
Name (Printed/Typed) Title CAROL SHANKS PRODU				ANALYST	•		
Signature Unil 8	hanks	Da					
	The same to be the same of the	OR FEDERAL OR	ANNUAR WALL THE PROPERTY OF STREET	EUSE			
Approved By	H.M. San	and the same of th	Title		Date		
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